UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

ali Processing Section

SEP 15 2000

Washington, D.C. 20549

FORM D

Washington, DG NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1445496 SEC

OMB APPROVAL

OMB Number: 3235-0076 Expires: September 30, 2008 Estimated average burden hours per form......1

SEC USE ONLY							
Prefix	Serial						
DATE R	ECEIVED						

Name of Offering (check if this is an	amendment and name has changed, a	nd indicate change.)		
Series B Preferred Stock and underlying	hares of Common Stock	_		
Filing Under (Check box(es) that apply):	☐ Rule 504	Rule 505	Rule 506	☐ Section 4(6) ☐ ULOE
Type of Filing:	×	New Filing		Amendment
	A. BASIC ID	ENTIFICATION DA	TA	
1. Enter the information requested abo	ut the issuer			
Name of Issuer (check if this is an am	endment and name has changed, and	indicate change.)		
Brand.net, Inc.				
Address of Executive Offices	(Number and Street,	City, State, Zip Code)	Telephone Number (
1400 Fashion Island Blvd., Ste. 505, San	(650) 743-3933)		
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip	Telephone Number (Ir 08059180		
Brief Description of Business Computer software.		PRO	CESSED	•
Type of Business Organization		SEP	1 9 2008	
⊠ corporation	☐ limited partnership, already for			other (please specify):
□ business trust	☐ limited partnership, to be forme	d THOMSO	ON REUTERS	
Actual or Estimated Date of Incorporation	_	Month Y	<u>′ear</u> 007	,
Actual or Estimated Date of Incorporatio	ii Oi Oiganization.	V 2		Actual
Jurisdiction of Incorporation or Organiza	tion: (Enter two-letter U.S. Postal	Service abbreviation for	-	and distributed
	CN for Canada; FN for other	foreign jurisdiction)		DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securies in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, anyhanges thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not boiled with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
- Each promoter of the issuer, if the issuer has been organized within the past five years;
- · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of eqity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuer; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	E Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Las Atherton, Andy	t name first, if individual)				
Business or Res	sidence Address (Number and	Street, City, State, Zip Code) , Ste. 505, San Mateo, CA 944			· /4 /
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Las Blair, Elizabeth	t name first, if individual)	-			
Business or Res	sidence Address (Number and		_		
		., Ste. 505, San Mateo, CA 944		m	
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Las Gianos, Flip	t name first, if individual)				
	sidence Address (Number and artners IX, L.P., 2710 Sand Hi	Street, City, State, Zip Code) Il Road, Z ^d Floor, Menlo Park	, CA 94025		
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Las Pepper, Doug	t name first, if individual)			, , <u>, , , , , , , , , , , , , , , , , </u>	
	sidence Address (Number and artners IX, L.P., 2710 Sand H	Street, City, State, Zip Code) ill Road, 2 ^d Floor, Menlo Park	. CA 94025		
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Las Abbott, Robert	t name first, if individual)				
	sidence Address (Number and nture Partners X, LP, 525 Uni	Street, City, State, Zip Code) versity Avenue, Ste. 800, Palo	Alto, CA 94301		
Check Boxes that Apply:	☐ Promoter	🗷 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
InterWest Partn				-	
	sidence Address (Number and Road, 2 nd Floor, Menlo Park, e				
Check Boxes that Apply:	☐ Promoter	E Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Norwest Ventu	t name first, if individual) re Partners X, LP				
	sidence Address (Number and Avenue, Ste. 800, Palo Alto, O				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
	t name first, if individual)				
Business or Res	sidence Address (Number and	Street, City, State, Zip Code)			

					ъ,	IN ORMA	TION ADO	01101	un vo				
1.	Has the issue	r sold, or do	es the issuer	intend to se				_	under ULOE.		У	es No	<u>X</u>
2.	What is the m	ninimum inv	estment that	will be acc	epted fron	n any individ	ual?		•••••			\$	N/A
3.	Does the offering permit joint ownership of a single unit? Yes X No												
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Non	e												
Full	Name (Last n	ame first, if	individual)										· ··
Bus	iness or Resido	ence Address	s (Number a	ind Street, C	ity, State,	Zip Code)							
N1	i	. 4 D	Deales										
Nan	ne of Associate	ea Broker or	Dealer										
State	es in Which Pe	erson Listed	Has Solicite	d or Intend	s to Solicit	Purchasers							
(Ch	eck "All States	s" or check is	ndividual St	ates)									All States
[AL] [/	AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	{FL	[GA]	[HI]	[ID]
[IL]	ĮI	INI	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	MNI	[MS]	[MO]
[MT	1 (1	NEJ	[NV]	[NH]	[נא]	INMI	INYI	INCI	[ND]	(OH)	JOKJ	[OR]	[PA]
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Full	Name (Last na	ame first, if	individual)										
Bus	iness or Reside	ence Address	s (Number a	nd Street, C	ity, State,	Zip Code)							
Nan	ne of Associate	ed Broker or	Dealer										
State	es in Which Pe	erson Listed	Has Solicite	d or Intends	to Solicit	Purchasers							
(Che	eck "All States	s" or check is	ndividual St	ates)		***************************************		***************************************		• • • • • • • • • • • • • • • • • • • •		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	All States
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[MT	η μ	NEJ	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	јокј	JORJ	[PA]
[RI]	[9	SC]	JSDJ	[TN]	[TX]	ועדן	[VT]	ĮVAĮ	[VA]	ĮWVĮ	įwij	[WY]	[PR]
Full	Name (Last na	ame first, if	individual)										
Busi	iness or Reside	ence Address	s (Number a	nd Street, C	ity, State,	Zip Code)	<u>.</u>			<u> </u>			
					-	•							
Narr	ne of Associate	ed Broker or	Dealer										
State	es in Which Pe	erson Listed	Has Solicite	d or Intende	to Solicit	Purchasers							
	ck "All States							*******************	*******************	*******************	*************	,,,	All States
AL		AKJ	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	{DC	[FL]	[GA]	(HI)	[ID]
(IL)		ואן	[IA]	[KS]	[KY]	LA	[ME]	MD	[MA]	[MI]	[MN]	[MS]	[MO]
IMT		NEJ	יי ואאן	[NH]	 [NJ]	INMI	INYI	(NC)	[ND]	[ОН]	јокј	[OR]	[PA]
i RI		SCI	[SD]	jTNj	, TXJ	י. נעדן	ĮVTĮ	[VA]	IVAI	(WV)	(WI)	ĮWΥ]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero," If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the sœurities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt Equity 10,499,996,95 10,499,996.95 ▶ Preferred Соттоп Convertible Securities (including warrants)..... Partnership Interests.... Other (Specify _____) Total..... \$ __10,499,996,95 10,499,996,95 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Investors Dollar Amount of Purchases Accredited Investors..... \$ ___10,499,996,95 Non-accredited Investors..... Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C- Question 1. Type of Dollar Amount Security Sold Type of Offering Rule 505 Regulation A..... Rule 504 Total

a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees....

_	<u> </u>
	\$0
	\$ 65,000.00
	\$0
	\$0
	\$0
	\$0
Œ	\$ 65,000.00

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E ladious balance and of the adjusted assessment the language and a language and the same and the same and the	34,996.95
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C- Question 4.b above. Payment to Officers, Payme	nt To
Directors, & Affiliates Other	
Salaries and fees.	
Purchase of real estate	
Purchase, rental or leasing and installation of machinery and equipment	
Construction or leasing of plant buildings and facilities	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	
Repayment of indebtedness.	
Working capital S 10.4	34 <u>,996.95</u>
Other (specify):	
Column Totals	
Total Payments Listed (column totals added)	54, 270.75
D. FEDERAL SIGNATURE	
The issuer had duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signatu	re constitutes
an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	
Issuer (Print or Type) Signature Date	
Brand.net, Inc. Elyabetu Blan 9/9/	08
Name of Signer (Print or Type) Title of Signer (Print or Type)	
Elizabeth Blair Chief Executive Officer	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

l.	l. Is any party described in 17 CFR 230.262 presently subject to any of the disqualif	Yes No ⋉							
	See Appendix, Column 5	for state response.							
2.	 The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17 CFR 239.500) a such times as required by state law. 								
3.	The undersigned issuer hereby undetakes to furnish to any state administrators, upon written request, information furnished by the issuer to offerees.								
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.								
Issu	ssuer (Print or Type) Signa	ure	Date						
Bra	Brand.net, Inc.	Elizabetu Blair	301816						
Naı		Print or Type)							
Elia	Elizabeth Blair Chief	Chief Executive Officer							

E. STATE SIGNATURE

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPENDIX						
1	2 3								5	
	to non-a investor	d to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State				Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL			-							
AK									<u> </u>	
AZ										
AR										
CA	:	X	Series B Preferred Stock and underlying shares of Common Stock	2	\$10,499,996.95	0	0		Х	
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DC										
FL										
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1	APPENDIX									
Intend to self to non-accredited investors in State (1		2	3		4				
State Yes No		to non- investo	accredited rs in State	and aggregate offering price offered in state	au	Type of invest mount purchase (Part C-Iter	or and d in State n 2)		State ULOE (if yes, attach explanation of waiver granted (Part E-	
MT NE NY NY NI	State				Number of Accredited		Number of Non- Accredited	Amount		
NY	MT									
NI	NE									
N/I N/M	NV									
NM NY NC ND ND NO	NH									
NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WA WV WI WY	NJ									
NC	NM									
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OR PA RI SC SD TN TX UT VT VA WA WA WV WI WY WI	ОН									
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